



YOUR LETTERHEAD
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Exhibit 9

Date

MEMORANDUM FOR AFRC/CC
MEMBER'S CC

FROM: RANK, NAME

SUBJECT: Religious Accommodation Request for Immunization Waiver

References: (a) DODI 1300.17, *Religious Liberty in the Military Services*, 1 Sept 20.
(b) AFI 1-1, 7 Aug 12, *Air Force Standards*.
(c) AFI 48-110, 16 Feb 18, *Immunizations and Chemoprophylaxis for the Prevention of Infectious Diseases*.
(d) AFPD 52-2, 28 Jul 20, *Accommodation of Religious Practices in the Air Force*.
(e) DAFI 52-201, *Religious Freedom in the Department of the Air Force*, 32 Jun 21.

1. I, (Rank, Name), (Unit), AFSC ####, DOD ID #####, request a religious accommodation waiver from immunization for the reasons set out below.
2. As a member of the (name of faith group), I am requesting a religious accommodation for (whatever the accommodation is), in accordance with AFI 48-110, paragraph (AFI reference). In my opinion, the request will not interfere with my primary duties, which include (list duties).
3. The authoritative texts or tradition for my beliefs include (list a few). Among them include several passages, teachings, or historic examples illustrating that I should (list the requested accommodation). They include (give a few brief quotes and their sources).
4. (Write a brief paragraph that demonstrates the sincerity of the request. This may include length of time in the faith tradition, activities that require the exemption, the process by which you came to this decision, etc.)
5. I understand that IAW AFI 48-110 I have temporary exemption from vaccinations while my request is being processed. I also understand that I will be counseled by my commander and a military physician regarding: the diseases concerned; specific vaccine information including product constituents, benefits, and risks; and potential risks of infection incurred by unimmunized individuals. They must determine that I am making an informed decision and fully understand that my request may have an adverse impact on my deployability, assignment, and/or international travel.
6. I waive my privilege to this communication only and authorize the Chaplain to advise my leadership with regard to this request and only this request. I understand that my request will reach AFRC/CC staff NLT 30/60 days from the date of this memorandum as I'm in active duty status CONUS/active duty status OCONUS/reserve status.
7. If you have any questions, please contact (rank, name) at (duty contact number) or (duty e-mail).

NAME, Rank, USAF
Duty Title